



City of Miami Gardens
Department of Community Development
Economic Development Division
Building 5, Suite 200
Miami Gardens, Florida 33169
Tel: (305) 414-1949



APPLICATION FOR COMMERCIAL REHABILITATION & FAÇADE ASSISTANCE

Business Name:		
Property Owner Name:		
Business Tax ID#:		
Project Address:		
Mailing Address:		
Telephone:	Fax:	E-Mail:

Current Use of Property:
Will this change: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:

Project Narrative:

PROJECT COST AND FUNDING SOURCES		
	<u>Dollar Amount</u>	<u>Percentage of Total Project</u>
Total Project Budget	\$	100 %
Applicant Contribution	\$	%
Private Funding	\$	%
Private Funding	\$	%
City Requested Funding	\$	%

TENANT ACKNOWLEDGEMENT

(Not Applicable to Owner/Operators, this indicates tenant(s) know(s) about this application.)

<u>Business Name</u>	<u>Owner Name(s)</u>	<u>Owner Signature(s)</u>	<u>Phone Number</u>

Have you previously received any form of federal or state funding for this or any other project? ☐ No ☐ Yes

If yes, please explain: _____

Were you denied financing from a financial institution for this project? ☐ No ☐ Yes If yes, please provide the reason and provide a copy of denial letter: _____

Do any of the specified repairs or improvements involve updating or adding handicapped access? ☐ No ☐ Yes

If yes, please explain: _____

Are any of the specified repairs/improvements being made to remedy a code or building violation? ☐ No ☐ Yes

If yes, please provide details such as a citation number and date if available: _____

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The owner invites the City representatives to make all the reasonable inspections, investigations and take pictures of the property during the process period associated with this application. I authorize the use of any pictures taken by the City of Miami Gardens. The City reserves the right to require additional documentation upon review of the application.

I also understand that in order for my request of funds to be approved, I must agree to work with, and follow the recommendations of the Department of Community Development, and before starting any work, following approval of this application, I must complete a Program Contract will require a lien placed on the property.

Signature of Applicant/Owner

Date



City of Miami Gardens
Department of Community Development
1515 N.W. 167 Street
Building 5, Suite 200
Miami Gardens, Florida 33169
Tel: (305) 414-1949



CON'T -- APPLICATION FOR COMMERCIAL REHABILITATION & FAÇADE ASSISTANCE

Please include the following with the submission of your application:

Documents	Please check (√) if included
Check for \$250.00 Payable to: Greater Miami Gardens Chamber of Commerce	
Articles of Incorporation (if applicable)	
Partnership Agreement (if applicable)	
Proof of Ownership (Deed) or lease agreement	
Funding/Loan Commitments	
Funding/Loan Denial Letters	
Construction Drawings	
Project Cost Estimates	

Submit completed applications to:

City of Miami Gardens
Office of Community Development
Attention: Ula Zucker Williams
Greater Miami Gardens Chamber of Commerce
1515 NW 167 Street
Building 4, Suite 190
Miami Gardens, FL 33169
ula@gmgcc.com
Tel: (305) 414-1949